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PTO/SB/21 (09-04)

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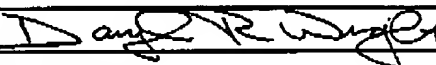
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<b>TRANSMITTAL FORM</b>	Application Number	09/800,278	
	Filing Date	03/05/2001	
	First Named Inventor	Toshihiro SUGIURA	
	Art Unit	2614	
	Examiner Name	Michael W. HOYE	
(to be used for all correspondence after initial filing)		Attorney Docket Number	MAS-26-US
Total Number of Pages in This Submission		3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please Update the Attorney/Agent Information associated with the above referenced application. Please acknowledge receipt of this transmission via return fax at +81-052-231-0515. Thank you.		

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Firm Name	ADACHI INTERNATIONAL PATENT FIRM		
Signature			
Printed name	Daryl R. Wright		
Date	April 26, 2006	Reg. No.	53,794

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/800,278
Filing Date	03/05/2001
First Named Inventor	Toshihiro SUGIURA
Art Unit	2614
Examiner Name	Michael W. HOYE
Attorney Docket Number	MAS-26-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 43,682

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

43,682

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Toshihiro Sugiura</i>		
Name	Toshihiro SUGIURA		
Date	January 27, 2006	Telephone	+81-52-802-2220

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/800,276
Filing Date	03/05/2001
First Named Inventor	Toshinori SUGIURA
Art Unit	2814
Examiner Name	Michael W. HOYE
Attorney Docket Number	MAS-26-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

43,682

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

43,682

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature Hironori GOTO

Name Hironori GOTO

Date January 27, 2006

Telephone +81-52-802-2220

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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